## High School Basketball Winter

## Due to the paramotors NO special requests for game scheduling

Register By: December 9, 2020

Season Begins: January 11, 2021

Fees: Non Resident \$78.50

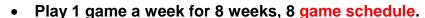
Non Resident w/o jersey \$73.50

City Resident \$62.00

City Resident w/o jersey \$57.00



9<sup>th</sup> - 12<sup>th</sup> Grade (girls) (29 ½" BB) 9<sup>th</sup> - 12<sup>th</sup> Grade (boys) (29 ½" BB)



- Games will be played on Monday Thursday (some Saturdays) evenings 6:30pm to 10pm.
- Games will be played at the Rec Center & Compass

\*\*\*\*\* Due to limited Gym space, our leagues will give registration preference to City and Bonneville county teams first. Others will be allowed as space is available. Teams from other counties must call and be put on a wait list to be added in the order that they were received as space is available. Out of County teams will be notified two days after registration has ended if allowed in.

Coaches/Parent Meeting Will be held TBA.

## **Registration Information:**

- Mandatory coach background check form included in packet. (Good for 2 years)
- This packet includes waivers which must be signed by each participant's parent or legal guardian. Waivers are good for one year.
- Rosters MUST be accompanied by all fees and waivers when turned in. DO NOT instruct your players to come in to pay separately.
- If you need additional players call the Recreation Center at 208-612-8580.

Games schedules will be posted at <a href="www.ifrec.org">www.ifrec.org</a> when completed.





## City of Idaho Falls High School Regulations

## League Rules

This league will be governed by the NFHS High School Basketball Rules except for adaptations noted below.

No individuals that currently play for a High School Basketball team may play in this league, as per Idaho High School Activities Association rule. Players caught doing this will be subject to state consequences.

Please be considerate of all gyms: **No dunking** at school gyms, **Do Not** hang on rims.

No pressing if a team is 20 pints ahead. Clock will run in second half if a team is 20 points ahead.

## Player Check In

All players must print their first and last name clearly on the game roster prior to tip off.

### Behavior

A technical foul result in the player sitting for 5 minutes on the bench and counts as a personal foul. If an individual receives a second technical foul in a game they are disqualified for the remainder of the game, refere es judgement if they need to leave the facility or not. If a player receives a third technical during the season, they are suspended from participating in the league. At any point in time the City has the right to suspend or disqualify any player, coach or team for any inappropriate behavior.

Any fighting may result in suspension immediately and in ensuing games or suspension from the league. Individuals will be required to meet with Rec Supervisor prior to returning to coaching, playing, or observing.

### **Game Rule**

League will follow high school rules with the following exceptions:

## Timing

18 minute running halfs. Clock will stop on free throws.

Clock stops on last minute of each half.

Clock will run continuously in second half if team is 20 points ahead or more.

2-20 second timeouts per half

## **Scheduling Changes**

Games will not be rescheduled if a team cancels 48 hours or less prior to a scheduled game, or by Thursday at noon for Mondays games. If you have to forfeit call the rec center and they will find a team to play in your teams place.

If a team wants to change a game, it is the teams responsibility to call a make a switch with another team. Then call the rec center and inform them of the switch. If you are unable to make a switch and need to forget then call the rec center first. The rec center will try to find a team to play in your place so the other team still gets to play. 208-612-8580.

## Forfeits and Referees

The point of the rec league is to have fun playing a sport that you enjoy as well as engaged in friendly competition. We want you to play games. If you do not have enough players if will be a forfeit and the opposing team automatically gets the win.

However, you are still able to play an organized game and the referees will referee the game as long as everyone playing is on the official roster at the front desk. The only exception is if it is the last game of the night, then the referees are welcome to leave without compensation for that game.

Forfeit time is 10 minutes after the schedule start time unless staff is responsible for a delayed game (a game went into overtime, injury, staff or referee error). For all games, the clock will start at the schedule start time and teams will paly whatever time is left on the clock from the tip off.

## **League Contact**

Individuals are welcome to contact Roberto Abreo, Recreation Supervisor, with questions, concerns or comments at 208-612-8481 or RAbreo@idahofallsidaho.gov. Check schedules carefully for gym locations and times.

## **Basketball Team Roster**

Phone #
texting:

		print Glodily)			Shirt
	Paid	Name	Address	Phone #	Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
40					
10					
11					
12					
13					
14					
15					
15					

The city of Idaho Falls Parks & Recreation Dept. is asking each coach and parent to adhere to the following:

## Coaches' Code of Ethics

- I will place the emotional and physical well-being of my players ahead of any personal desires to win.
- I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.
- I will do my very best to provide a safe play situation for my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead, by example, in demonstrating fair play and sportsmanship to all my players and the officials.
- I will remember that I am a youth coach, and that the game is for children and not adults.

I understand that breeching any part of the Code of Conduct can result if being removed from the playing area by the umpire/referee or any other employee/designated authority, forfeiting my opportunity to coach or watch the remainder of the game.

Coaches Name(Printed):		
Coaches Signature:	Date	

## Youth Sports Coach Background Check Authorization Form

### **DISCLAIMER AND RELEASE AGREEMENT**

This release and authorization acknowledges that we may now, or any time while you are employed, renting or volunteering for the City of Idaho Falls, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county or local criminal justice agency and or other information as deemed necessary to fulfill the job/volunteer requirements. The results of this verification process will be used to determine whether you will be allowed to volunteer with youth participants in any Parks and Recreation program. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omission will be considered as cause for dismissal/removal.

First Name: F	Full Middle Name:		Last Name:		
Alias/Married/Maiden Names:		_ Drivers	License #:		
Social Security #:		Date of	Birth:	/ /	_
Please list all addresses lived in c					
Current Address Ci	ty		State	Zip	From/To
Former Address Ci	ty		State	Zip	From/To
Former Address Ci	ty		State	Zip	•
Do you have any Misdemeanor Charges:  If Yes, please explain:	□ YES		□ NO		
you have any Felony Charges:  If Yes, please explain:	□ YES				D
Printed Name of Coach:Signature of Coach: Today's Date:// Phone Number: ()					

THIS FORM MUST BE RETURNED 2 WEEKS PRIOR TO 1st GAME IN ORDER TO ALLOW SUFFICIENT TIME

FOR BACKGROUND CHECKS TO BE PROCESSED!

Background checks must clear before anyone is allowed to coach



Student Name:
Emergency Contact Number:
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.
Parent/Guardian Signature Date
Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to
my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb.   I further agree to pay for all necessary medical
treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I
other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.
further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.
This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.



# City of Idaho Falls Parks & Recreation Release Form

Student Name:	
Parent/Guardian Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	
As a parent or guardian of a participant in this recreation program/activity	ation program/activity
understand the inherent risks that are associated with all athletic & recreational	ith all athletic & recreational
while he/she is participating in this program/activity.	
Parent/Guardian Signature Date	Date

# Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawfu conduct by my child during the course of his/her participation in program/activity.

This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.

Parent/	
Guardian Signature	
e,	

Parent/Guardian Signature

Date



itudent Name:
Parent/Guardian Name:
mergency Contact Number:
student' allergies or significant medical conditions:
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.
arent/Guardian Signature Date
Authorization for Medical Treatment/Indemnification hereby authorize and give my consent to the City of Idaho Falls and its officers, igents and employees and any licensed physician to perform upon or administer to
emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical reatment as so authorized and to hold harmless and release the City and its'
officers or agents from any obligation or responsibility with respect thereto. I urther represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that so the child because it is a such that the child because i
hild has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.
further agree to indemnify and hold harmless any officer, agent or employee of he City from any and all actions, causes of actions, suits, injury claims, or demands isserted by any third party, with respect to any act, omission, wrongful or unlawful and the course of his her participation in program/activity
his Agreement shall be binding upon the heirs, personal representatives,

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



# City of Idaho Falls Parks & Recreation Release Form

I fur the asse cond This	Autl I her ager my c eme conc trea offic furtl othe chilc of d	As a und active while Pare	Stuc Pare Eme Stuc
I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity. This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned	Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.	As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.  Parent/Guardian Signature  Date	Student Name:



Date	Parent/Guardian Signature
ersonal representatives,	This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.
y officer, agent or employee of s, suits, injury claims, or demands t, omission, wrongful or unlawful participation in program/activity.	I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.
, liness, alsease, alsability or cof bodily harm or injury to such e. I further represent that such ndition limiting the administration sed above.	other limitation that would pose any potential risk of bodily harm or injury to such other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.
dgment to stabilize his/her ee to pay for all necessary medica and release the City and its' sility with respect thereto. I	my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I
ation / of Idaho Falls and its officers, to perform upon or administer to	Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to
Date	Parent/Guardian Signature
reation program/activity, I with all athletic & recreational personal injury which may occur	As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.
	Student' allergies or significant medical conditions:
	Emergency Contact Number:
	Parent/Guardian Name:
	Sticlont Name:



# City of Idaho Falls Parks & Recreation Release Form

Student Name:	
Parent/Guardian Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	ions:
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.	recreation program/activity, l ted with all athletic & recreational or personal injury which may occur ctivity.
Parent/Guardian Signature	Date

# Authorization for Medical Treatment/Indemnification

child, or any other child, except as disclosed above. I further represent that such other limitation that would pose any potential risk of bodily harm or injury to such condition or to preserve life or limb. I further agree to pay for all necessary medical emergency treatment as necessary in their best judgment to stabilize his/her agents and employees and any licensed physician to perform upon or administer to of drugs or medication, except as otherwise disclosed above. child has no allergy to any medication or other condition limiting the administration further represent that such child has no condition, illness, disease, disability or officers or agents from any obligation or responsibility with respect thereto. I treatment as so authorized and to hold harmless and release the City and its' my child, as identified above, any reasonable and necessary medical, surgical or I hereby authorize and give my consent to the City of Idaho Falls and its officers,

conduct by my child during the course of his/her participation in program/activity. asserted by any third party, with respect to any act, omission, wrongful or unlawful the City from any and all actions, causes of actions, suits, injury claims, or demands I further agree to indemnify and hold harmless any officer, agent or employee of

successors, and assigns of the undersigned This Agreement shall be binding upon the heirs, personal representatives,

7	٦l
a	
1	
7	1
Ondi nidi	0.00.0
II SIGIUIE	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6



# City of Idaho Falls Parks & Recreation Release Form

Date	Parent/Guardian Signature
rs, personal representatives,	This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.
ss any officer, agent or employee of tions, suits, injury claims, or demands ny act, omission, wrongful or unlawfu her participation in program/activity.	I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.
onsibility with respect thereto. I ition, illness, disease, disability or all risk of bodily harm or injury to such above. I further represent that such condition limiting the administratio lisclosed above.	officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.
nification  City of Idaho Falls and its officers, cian to perform upon or administer to and necessary medical, surgical or set judgment to stabilize his/her ragree to pay for all necessary mediciess and release the City and its'	Authorization for Medical Treatment/Indemnification I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its'
Date	Parent/Guardian Signature
s recreation program/activity, I ated with all athletic & recreational for personal injury which may occur activity.	As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.
tions:	Emergency Contact Number: Student' allergies or significant medical conditions:
	Parent/Guardian Name:
	Student Name:



# City of Idaho Falls Parks & Recreation Release Form

Student Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occuwhile he/she is participating in this program/activity.	rogram/activity, l thletic & recreational njury which may occu
Parent/Guardian Signature Date	

# Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, of drugs or medication, except as otherwise disclosed above. child, or any other child, except as disclosed above. I further represent that such other limitation that would pose any potential risk of bodily harm or injury to such officers or agents from any obligation or responsibility with respect thereto. I treatment as so authorized and to hold harmless and release the City and its' emergency treatment as necessary in their best judgment to stabilize his/her agents and employees and any licensed physician to perform upon or administer to child has no allergy to any medication or other condition limiting the administration further represent that such child has no condition, illness, disease, disability or condition or to preserve life or limb. I further agree to pay for all necessary medical my child, as identified above, any reasonable and necessary medical, surgical or

asserted by any third party, with respect to any act, omission, wrongful or unlawful I further agree to indemnify and hold harmless any officer, agent or employee of conduct by my child during the course of his/her participation in program/activity. the City from any and all actions, causes of actions, suits, injury claims, or demands

successors, and assigns of the undersigned. This Agreement shall be binding upon the heirs, personal representatives,

10110	ront/		
00010101	Guardian		
CIBINITION C	Signature		
		1	

Date

Pa



Date	arent/Guardian Signature
ersonal representatives,	his Agreement shall be binding upon the heirs, personal representatives, uccessors, and assigns of the undersigned.
y officer, agent or employee of s, suits, injury claims, or demands ct, omission, wrongful or unlawful participation in program/activity.	further agree to indemnify and hold harmless any officer, agent or employee of he City from any and all actions, causes of actions, suits, injury claims, or demands sserted by any third party, with respect to any act, omission, wrongful or unlawful onduct by my child during the course of his/her participation in program/activity.
t, illness, disease, disability or k of bodily harm or injury to such e. I further represent that such ndition limiting the administration sed above.	ther limitation that would pose any potential risk of bodily harm or injury to such ther limitation that would pose any potential risk of bodily harm or injury to such hild, or any other child, except as disclosed above. I further represent that such hild has no allergy to any medication or other condition limiting the administration furgs or medication, except as otherwise disclosed above.
necessary medical, surgical or adgment to stabilize his/her ee to pay for all necessary medical and release the City and its' bility with respect thereto. I	ny child, as identified above, any reasonable and necessary medical, surgical or mergency treatment as necessary in their best judgment to stabilize his/her ondition or to preserve life or limb. I further agree to pay for all necessary medical reatment as so authorized and to hold harmless and release the City and its' fficers or agents from any obligation or responsibility with respect thereto. I
to perform upon or administer to	uthorization for Medical Treatment/Indemnification hereby authorize and give my consent to the City of Idaho Falls and its officers, gents and employees and any licensed physician to perform upon or administer to
ity.	while he/she is participating in this program/activity.
reation program/activity, I with all athletic & recreational	s a parent or guardian of a participant in this recreation program/activity, I inderstand the inherent risks that are associated with all athletic & recreational crivity. I do hereby waive any and all claims for personal injury which may occur
S:	tudent' allergies or significant medical conditions:
	arent/Guardian Name:
	tudent Name:



# City of Idaho Falls Parks & Recreation Release Form

Student Name:
Parent/Guardian Name:
Emergency Contact Number:
Student' allergies or significant medical conditions:
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational
activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.

# Authorization for Medical Treatment/Indemnification

Parent/Guardian Signature

Date

child, or any other child, except as disclosed above. I further represent that such other limitation that would pose any potential risk of bodily harm or injury to such officers or agents from any obligation or responsibility with respect thereto. I emergency treatment as necessary in their best judgment to stabilize his/her my child, as identified above, any reasonable and necessary medical, surgical or agents and employees and any licensed physician to perform upon or administer to I hereby authorize and give my consent to the City of Idaho Falls and its officers, of drugs or medication, except as otherwise disclosed above child has no allergy to any medication or other condition limiting the administration further represent that such child has no condition, illness, disease, disability or treatment as so authorized and to hold harmless and release the City and its' condition or to preserve life or limb. I further agree to pay for all necessary medica

conduct by my child during the course of his/her participation in program/activity. asserted by any third party, with respect to any act, omission, wrongful or unlawful the City from any and all actions, causes of actions, suits, injury claims, or demands I further agree to indemnify and hold harmless any officer, agent or employee of

successors, and assigns of the undersigned This Agreement shall be binding upon the heirs, personal representatives

Parent/Guardian Signature

Date

וס



Parent/Guardian Name:	
Emergency Contact Number:	
Student' allergies or significant medical conditions:	
As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.	program/activity, I athletic & recreational I injury which may occur
Parent/Guardian Signature Date	Ф
Authorization for Medical Treatment/Indemnification hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to	ho Falls and its officers,
emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical reatment as so authorized and to hold harmless and release the City and its'	t to stabilize his/her ay for all necessary medical lease the City and its'
officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or	th respect thereto. I , disease, disability or
other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.	fily harm or injury to such ther represent that such limiting the administration to sove.
further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful	r, agent or employee of injury claims, or demands sion, wrongful or unlawful
This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.	representatives,
Parent/Guardian Signature Date	Ф

successors, and assigns of the undersigned.

This Agreement shall be binding upon the heirs, personal representatives,

the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.

Parent/Guardian Signature

Date

I further agree to indemnify and hold harmless any officer, agent or employee of



# City of Idaho Falls Parks & Recreation Release Form

of drugs or medication, except as otherwise disclosed above.	further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration	emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I	Authorization for Medical Treatment/Indemnification  I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or	Parent/Guardian Signature Date	As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.	Student' allergies or significant medical conditions:	Emergency Contact Number:	Student Name:	